

York County Area Agency on Aging 100 West Market Street York, PA 17401 (717) 771-9610 or 1-800-632-9073 www.ycaaa.org



VOLUNTEER APPLICATION

<u>Mission Statement</u>: The York County Area Agency on Aging promotes the independence of older adults through education, advocacy and coordination of community-based services. Our primary commitment is to deliver quality services to older adults with the greatest social or economic needs; as resources allow, we may serve others with similar characteristics.

Name:						
	Last Name	First Name		MI		
Address:						
	Street					
	City	State		Zip Code		
Telephone:	one: Cell phone:					
Other contact phone	# (i.e. business): _					
Email address:						
Emergency contact:	Name	Relat	ionship	Phone #		
Birth date:		Drivers License #:				
Month/	Day/ Year					
Languages you spea	k:					
Areas of interest: (C	ircle areas of intere	est)				
General Office Assista	ınt	Special Events	Judici	al Center Tour Guides		
Telephone Support		Literature Delivery		dly Visitor		
Matter of Balance Coach Financial Counselor		Volunteer Ombudsman APPRISE (Insurance Counseling)		hone Reassurance		
Financial Counselor		APPRISE (Insurance Couns	elling) inew r	Horizon Delivery		
Previous volunteer e	xperiences, includi	ng length of time served:				
Why do you want to	volunteer for YCAA					

Are	you active in oth	ner professio	nal or communi	ty organizations:		
List	organizations: _				Yes	No
Are	you employed?					
		Yes	No	If yes, name	of employe	er
l und iden		ceptance to v	olunteer servic	es are subject to ver	ification o	references and
Plea	se list reference	s (other than	relatives) that v	ve may contact.		
1)	Name				Relations	hip
	Address					
						Zip
2)	Name				Relations	hip
						Zip
				Yes		
train mair	ning, as necessa ntain confidentia	ry, to update	information ned	CAAA's policies and cessary to my volunt on on consumers, an	eer task d	escription. I agree to gency.
Signature				Date		
I per	mit this agency to	use my name	e and photograph	n as a volunteer for pu	blicity and	recognition purposes.
	Yes _		!	No		
Stat	istical Information	on (Optional):				
	Male Fema Unde Over		- - -	Non-minority Black Hispanic Other	(white)	